RESULT OF THE PhD. DISSERTATION PROPOSAL ORAL EXAM

DATE SUBMITTED ____________________
STUDENT NAME ____________________  LU ID ____________
EMAIL ADDRESS ____________________  TELEPHONE ____________
DEPARTMENTAL AFFILIATION

DISSERTATION PROPOSAL MEETING

TENTATIVE DISSERTATION TITLE

________________________________________________________

EXAM DATE _______________________

RECOMMENDATION of COMMITTEE:
1. APPROVES  PhD. DISSERTATION PROPOSAL _____
2. DISAPPROVES PhD. DISSERTATION PROPOSAL _____
3. CONDITIONS _____ (SPECIFY CONDITIONS):

________________________________________________________

PhD. DISSERTATION ADVISORY COMMITTEE

 COMMITTEE CHAIR: ____________________  NAME (Print or Type) ________________  SIGNATURE
(Dissertation Advisor)

 COMMITTEE MEMBER ____________________  __________________________

 COMMITTEE MEMBER ____________________  __________________________

 COMMITTEE MEMBER ____________________  __________________________

 COMMITTEE MEMBER ____________________  __________________________

 DEPARTMENT GRADUATE COORDINATOR

 DATE _______________________

 DEPARTMENT CHAIR

 DATE _______________________

 COLLEGE DEAN

 DATE _______________________

 DEAN OF GRADUATE STUDIES

 DATE _______________________

PhD-5